

**Opening Statement
Chairman Mark Souder**

“Evaluating the Synthetic Drug Control Strategy”

**Subcommittee on Criminal Justice, Drug Policy
and Human Resources
Committee on Government Reform**

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Good morning, and thank you for coming. We’ve been looking forward for some time now to the release of the Synthetic Drug Control Strategy, which was finally unveiled on June 1. Today, we will hear from several witnesses as to the strengths and weaknesses of this plan.

With the near-universal recognition that methamphetamine addiction has become an epidemic, it is imperative that the Federal government provide the best possible leadership and vision on this pressing social and law enforcement problem. State and local governments, as well as many private agencies devoted to helping families and communities cope with this scourge, have long complained that no matter how diligent non-Federal actors have been or could be, nothing can fill the void of national direction. Only Federal leadership will suffice, and many have awaited the new strategy with only guarded optimism. There seemed ample reason for concern as to the Administration’s commitment to a meth strategy. We can hardly forget a key presentation at the HHS-sponsored conference in Utah last August 19 which said, “We don’t need a war on methamphetamine.” Nor can we forget, as the New York Times reported on December 15, that FDA was working behind the scenes to block the Combat Meth Act.

This Strategy sets three primary goals: 1) a 15-percent reduction in methamphetamine abuse, 2) a 15-percent reduction in prescription drug abuse, and 3) a 25-percent reduction in domestic methamphetamine laboratories. The Strategy itself concedes that the first two goals may be met without much change in the Federal response given that recent trends already may be moving in that direction. The third goal is likely to be achieved due to tough restrictions on precursor chemicals set first by most of the states and now by Congress through the Combat Methamphetamine Epidemic Act, enacted this spring with virtually no support—and even some opposition from—the Administration.

With the national standard for precursor chemical control soon to be in full effect through the Combat Methamphetamine Epidemic Act, hopes are high for significant declines in domestic meth production. But meth will remain readily available unless international diversion of precursor chemicals can be stopped. This is borne out by the increased smuggling of meth across the southwest border, as Mexican drug traffickers move to exploit the decline in domestic meth production.

Accordingly, the Strategy begins with its international aspect, laying out three prongs: 1) attaining better information about the international trade in pseudoephedrine, 2) “swift and

effective implementation of the Combat Meth Act,” and 3) “continued law enforcement and border activities” and “continued partnership with Mexico.”

Regarding the first prong, the Administration has been taking some positive steps and recognizes that the problem cannot be tackled until its international nature and scope is fully understood. The challenge begins with this hopeful fact: the main precursor chemical—pseudoephedrine (PSE)—is produced in a handful of countries, chiefly in China, India and Germany. If exportation of PSE can be tracked and controlled from its sources, we could go a long way in choking off the essential ingredient needed by the criminal organizations now profiting by producing meth (chiefly in Mexico) and distributing it throughout this country. Fortunately, the Administration has been making diplomatic efforts through the UN Commission on Narcotic Drugs to persuade some reluctant governments that the meth epidemic is global, and that they should “get with the program.”

Though the implementation of the Combat Meth Act is the second prong of the international meth strategy, the Strategy re-states provisions of the law while not always describing how ONDCP will ensure that implementation will be carried out by the responsible agencies.

The third prong of the international segment of the Strategy—that of law enforcement at the border and partnership with Mexico—summarizes current bilateral law enforcement efforts within Mexico. Efforts to train Mexican law enforcement and significantly upgrade its quality are extensive. Mexico has also moved aggressively to curtail illegal diversion of meth precursors, and in some respects, it is ahead of the United States in this area.

Although the Strategy states its intent to “strengthen border protection,” it disturbingly fails to elaborate on this at all and is completely silent on what will be done in this area. In fact, the Strategy makes no mention of the Department of Homeland Security, which contains multiple agencies tasked with border security and counter-drug activities. This is almost shocking, considering that it now seems universally accepted within the Administration that approximately 80 percent of the meth being consumed in this country *is coming from Mexico*. Stopping meth smuggling from Mexico is clearly imperative, and the Strategy fails to explain why current border protection is adequate or just how such protection will be “strengthened.”

The domestic aspect of the Strategy leans heavily on the requirement of working closely with state and local officials. The Strategy acknowledges that the overwhelming majority of drug arrests and prosecutions (above 90 percent) are conducted by state and local authorities.

Nonetheless, we have been told by people we trust that there wasn’t much consultation or dialogue with the state and locals in crafting this Strategy. And while it touts the efforts of state and local authorities, the Administration seeks to drastically cut the Federal programs which have been essential to state and local law enforcement. For example, the Administration wants Congress to eliminate the Byrne Justice Assistance Grants program (JAG). In 2004, one-third of all meth labs seized were taken down by JAG-funded state and local drug task forces. The Strategy fails to explain how the state and local authorities can be expected to keep up this pace of lab seizures if the Administration succeeds in gutting the very programs that make it possible.

The Administration has asserted that prevention is one of the three pillars of its anti-drug efforts, yet declining funding in this area (currently at only 11.7 percent of the drug control budget) casts doubt on this claim. And the Strategy is thin on prevention, with only a brief reference to research underway at the National Institute on Drug Abuse (NIDA) and an almost-as-brief discussion of the National Youth Anti-Drug Media Campaign. The discussion ends by noting the importance of voluntary airing of the ads by local radio and television stations, yet it says nothing about how such voluntary airing will be encouraged.

One of the most appalling aspects of meth is its grisly aftermath. This includes children who are poisoned due to chemical saturation in homes where meth is produced, as well as cleanup of lab sites. And there are stories in the annals of the meth epidemic of law enforcement personnel or firemen wounded or killed by lab site explosions or inhalation of chemical fumes.

While much of what is in this brief section is not considered a part of the Strategy *per se*, the Administration should be praised for its commitment to the Drug-Endangered Children (DEC) program. While DEC training has occurred in 28 states, the Strategy asserts that ONDCP will work to achieve DEC training in all 50 states by 2008 (no further details offered). Hopefully, this excellent program will find more aggressive advocates on the Federal level.

We have quite a mix of witnesses with us today. Our first panel consists of the Honorable Scott Burns, Deputy Director for State and Local Affairs for the Office of National Drug Control Policy; the Honorable Uttam Dhillon, Director of Office of Counter-Narcotics Enforcement for the Department of Homeland Security; Joseph Rannazzissi, Deputy Assistant Administrator at DEA's Office of Diversion Control; and finally, we have Dr. Don Young, the Acting Assistant Secretary for Planning and Evaluation at the Department of Health and Human Services.

Our second panel will give us the state and local perspective. We have Mr. Ron Brooks, President of National Narcotic Officers' Associations Coalition; the Honorable Eric Coleman of the Oakland County Board of Commissioners in Michigan, representing the National Association of Counties; Dr. Lewis E. Gallant, the Executive Director of the National Association of State Alcohol and Drug Abuse Directors; Ms. Sherry Green, the Executive Director of the National Alliance for Model State Drug Laws; and finally, we have Ms. Sue Thau, the Public Policy Consultant for the Community Anti-Drug Coalitions of America.

Again, thank you all for coming from so many places across the country to be here today. We very much look forward to your testimony.